

LAW OFFICES OF
RICHARD C. CONOVER
104 EAST MAIN
SUITE 404
P. O. BOX 1329
BOZEMAN, MONTANA 59771-1329
TELEPHONE (406) 587-4240
FACSIMILE (406) 587-4330

RECEIVED
CENTRAL FAX CENTER

DEC 14 2007

FAX TRANSMISSION SHEET

DATE: December 14, 2007

TO: Commissioner for Patents

FACSIMILE NO.: (571) 273-8300

FROM: Richard C. Conover

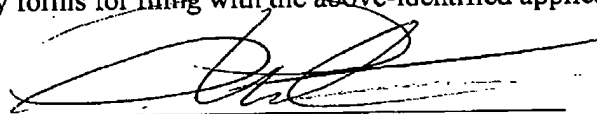
FACSIMILE NO.: (406) 587-4330

RE: Power of Attorney Form
Application No. 10/628,081
Applicant: Ralph Simpson, et. Al.
Filing Date: 07/25/2003
For: SPORTS TRAINING AND EXERCISE DEVICE
Our Docket No.: 687.06

PAGES: 5 (including cover sheet)

Dear Sir:

I have attached three Power of Attorney forms for filing with the above-identified application.



Richard C. Conover,
Attorney for Assignee

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND
CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE AND
NO ONE ELSE. IF YOU ARE NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT
RESPONSIBLE TO DELIVER THIS MESSAGE TO THE INTENDED RECIPIENT, PLEASE DO NOT USE
THIS TRANSMISSION IN ANY WAY, BUT CONTACT THE SENDER BY TELEPHONE
Please direct any inquiry regarding an unsuccessful or illegible transmission to Rachel at Telephone No. (406) 587-4240.

Received 2 pages

RECEIVED
CENTRAL FAX CENTER

DEC 14 2007

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	10/628081
Filing Date	07/25/2003
First Named Inventor	Ralph Simpson
Title	Sports Training...
Art Unit	3764
Examiner Name	Donnelly, Jerome W.
Attorney Docket Number	687.06

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27616

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

Country

Telephone

State

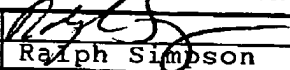
Zip

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12-5-07
Name	Ralph Simpson	Telephone	
Title and Company	Individual		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.